

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Threatt for Congress

ADDRESS (number and street)

14227 Buckton Lane

Check if different
than previously
reported. (ACC)

Matthews

NC

28105

2. FEC IDENTIFICATION NUMBER ▼

C C00603498

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NC

12

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

05

D D /

19

Y Y Y Y /

2016

through

M M /

06

D D /

30

Y Y Y Y /

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Tom Datwyler

Signature of Treasurer

Tom Datwyler

[Electronically Filed]

Date

M M /

07

D D /

15

Y Y Y Y /

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Threatt for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	4915.00	15505.75
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	4915.00	15505.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4854.91	14655.83
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	4854.91	14655.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	849.92	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 12

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Threatt for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

3800.00

10323.00

(ii) Unitemized.....

480.00

3171.00

(iii) TOTAL of contributions from individuals ▶

4280.00

13494.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

635.00

2011.75

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

4915.00

15505.75

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

4915.00

15505.75

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 12

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4854.91	14655.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4854.91	14655.83

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	789.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4915.00
25. SUBTOTAL (add Line 23 and Line 24).....	5704.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4854.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	849.92

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Threatt for Congress

Full Name (Last, First, Middle Initial)

A. Marguerite Cooke

Mailing Address 1111 Mineral Springs Road

City

Charlotte

State

NC

Zip Code

28262

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1950.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		01		2016

Transaction ID : SA11AI.4306

Amount of Each Receipt this Period

1850.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. J. Frank Harrison III

Mailing Address 4100 Coca Cola Plaza

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coca-Cola Bottling Co

Occupation

CEO

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		04		2016

Transaction ID : SA11AI.4309

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. EW Jackson

Mailing Address 1012 Eddington Ct

City

Chesapeake

State

VA

Zip Code

23322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Exodus Faith Ministries

Occupation

Clergy

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		21		2016

Transaction ID : SA11AI.4327

Amount of Each Receipt this Period

450.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3300.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Threatt for Congress

Full Name (Last, First, Middle Initial)

Kevin Lattimore

Mailing Address 11036 Chrudan Dr

City

Charlotte

State

NC

Zip Code

28262

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wells Fargo

Occupation

Financial Advisors

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2016

Transaction ID : SA11AI.4328

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Tom Phillips

Mailing Address 17811 New Mark Ave

City

Charlotte

State

NC

Zip Code

28278

FEC ID number of contributing
federal political committee.

C

Name of Employer

Billy Graham Evangelists

Occupation

Clergy

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2016

Transaction ID : SA11AI.4323

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

3800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 12

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Threatt for Congress

Full Name (Last, First, Middle Initial)

A. Archie Leon Threatt

Mailing Address 14227 Buckton Lane

City

Matthews

State

NC

Zip Code

28105

FEC ID number of contributing
federal political committee.

C H4NC12142

Name of Employer
Threatt for CongressOccupation
Candidate

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1844.75

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		31		2016

Transaction ID : SA11D.4319

Amount of Each Receipt this Period

468.00

☐ Memo Item
☐ In-kind - Mileage

Full Name (Last, First, Middle Initial)

B. Archie Leon Threatt

Mailing Address 14227 Buckton Lane

City

Matthews

State

NC

Zip Code

28105

FEC ID number of contributing
federal political committee.

C H4NC12142

Name of Employer
Threatt for CongressOccupation
Candidate

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2011.75

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11D.4321

Amount of Each Receipt this Period

167.00

☐ Memo Item
☐ In-kind - Mileage

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

635.00

TOTAL This Period (last page this line number only).....

635.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Threatt for Congress

Full Name (Last, First, Middle Initial)

A. Costco

Mailing Address 2125 Matthews Township Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2016

City	State	Zip Code
Matthews	NC	28105

Amount of Each Disbursement this Period

133.79

Purpose of Disbursement
Office SuppliesCategory/
Type☐ Memo Item

Transaction ID : SB17.4350

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Fundly

Mailing Address 2390 El Camino Real

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

City	State	Zip Code
Palo Alto	CA	94306

Amount of Each Disbursement this Period

93.22

Purpose of Disbursement
Credit Card FeesCategory/
Type☐ Memo Item

Transaction ID : SB17.4372

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

c. Office Depot

Mailing Address 10025 Windsor Square Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2016

City	State	Zip Code
Matthews	NC	28105

Amount of Each Disbursement this Period

71.83

Purpose of Disbursement
Office SuppliesCategory/
Type☐ Memo Item

Transaction ID : SB17.4369

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

298.84

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Threatt for Congress

Full Name (Last, First, Middle Initial)

A. Office Depot

Mailing Address 10025 Windsor Square Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2016

City	State	Zip Code
Matthews	NC	28105

Amount of Each Disbursement this Period

18.22

Purpose of Disbursement
Office SuppliesCategory/
Type☐ Memo Item

Transaction ID : SB17.4361

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Office Depot

Mailing Address 10025 Windsor Square Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2016

City	State	Zip Code
Matthews	NC	28105

Amount of Each Disbursement this Period

18.20

Purpose of Disbursement
Office SuppliesCategory/
Type☐ Memo Item

Transaction ID : SB17.4345

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Office Depot

Mailing Address 10025 Windsor Square Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2016

City	State	Zip Code
Matthews	NC	28105

Amount of Each Disbursement this Period

40.17

Purpose of Disbursement
Office SuppliesCategory/
Type☐ Memo Item

Transaction ID : SB17.4346

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

76.59

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Threatt for Congress

Full Name (Last, First, Middle Initial)

A. Office Depot

Mailing Address 10025 Windsor Square Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

City	State	Zip Code
Matthews	NC	28105

Amount of Each Disbursement this Period

30.01

Purpose of Disbursement
Office SuppliesCategory/
Type☐ Memo Item

Transaction ID : SB17.4336

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Paper & Inc Printing

Mailing Address 740 Stallings Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2016

City	State	Zip Code
Matthews	NC	28104

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Printing ServicesCategory/
Type☐ Memo Item

Transaction ID : SB17.4365

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

c. Paper & Inc Printing

Mailing Address 740 Stallings Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

City	State	Zip Code
Matthews	NC	28104

Amount of Each Disbursement this Period

400.00

Purpose of Disbursement
Printing ServicesCategory/
Type☐ Memo Item

Transaction ID : SB17.4347

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

730.01

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Threatt for Congress

Full Name (Last, First, Middle Initial)

A. Archie Leon Threatt

Mailing Address 14227 Buckton Lane

City	State	Zip Code
Matthews	NC	28105

Purpose of Disbursement
In-kind - Mileage

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District: 12

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
05 / 31 / 2016

Amount of Each Disbursement this Period

468.00

☐ Memo Item

Transaction ID : SB17.4320

Full Name (Last, First, Middle Initial)

B. Archie Leon Threatt

Mailing Address 14227 Buckton Lane

City	State	Zip Code
Matthews	NC	28105

Purpose of Disbursement
In-kind - Mileage

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District: 12

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
06 / 30 / 2016

Amount of Each Disbursement this Period

167.00

☐ Memo Item

Transaction ID : SB17.4322

Full Name (Last, First, Middle Initial)

c. Ty Turner

Mailing Address 741 Wilderness Trail Dr

City	State	Zip Code
Charlotte	NC	28214

Purpose of Disbursement
Management Consulting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
06 / 03 / 2016

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Transaction ID : SB17.4358

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1235.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Threatt for Congress

Full Name (Last, First, Middle Initial)

A. WBT Radio

Mailing Address 1 Julian Price Place

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2016

City	State	Zip Code
Charlotte	NC	28208

Amount of Each Disbursement this Period

Purpose of Disbursement
Radio Advertising

1850.00

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : SB17.4362

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--

Candidate Name

Category/
Type☐ Memo Item

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

--

Candidate Name

Category/
Type☐ Memo Item

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1850.00
4190.44